

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	C	C				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15						
16						
17						
18						
19						
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28	1					
29	C	C				
30		1				
31						
32						
33		1				
34						
35						
36		1				
37		1				
38	C	C				
39		1				
40		1				
41		1				
42						
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47						
48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	25	←	←	←	←	←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						